Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003							10719766					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	_	OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS	,	,				RATE	E FEE	٦	RATE	FEE	
FC	OR		NUMBER	NUMBER FILED .		BER EXTRA	BASIC F		OR		 	
<u> </u>	OTAL CHARGEA	ARIE CLAIMS		nus 20=			\		-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
			 		* /- A	,	X\$ 9:		OR	 		
	DEPENDENT CL	NDENT CLAIM P	PESENT .				X43=	:	OR	X86=		
IVIC			MESENI					=	OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	TOTA	L 380	DR	TOTAL		
CLAIMS AS AMENDED - PART II								<u> </u>	<u>-</u>	OTHER		
		(Column 1)		(Colum		(Column 3)	SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š Š	Total	*	Minus	**		=	X\$ 9=	<u> </u>	OR	X\$18≐		
ME	Independent	*	Minus	***		=	X43=		OR	X86=		
٩	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM							
							+145=		OR	+290=	<u> </u>	
							TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	<u></u>	
r	1	(Column 1)	Τ	(Colum		(Column 3)			_			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* .	Minus	**		=	X\$ 9=	-	OR	X\$18=		
IME	Independent	*	Minus	***		=	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		+145=	+	1	+290=		
							+145=		OR	+29U= TOTAL		
				(Colum			ADDIT. FE		JOR ,	ADDIT. FEE		
_		(Column 1)	(Column 3)			- 1						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER BUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž DM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X43=	+	1. 1	X86=		
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		}	+	OR	 		
^ 6	The pales	· · · · Ab-pa Ab	to eater		:	<u>-</u>	+145=		OR	+290=		
** 11	If the "High st Num	mn 1 is less than the mber Previously Pai mber Previously Pai	aid For IN THIS	S SPACE is	less than	n 20, enter "20."	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					ound in the a	appropriate bo	x in col	umn 1.		